

GRADUATE PREREQUISITE 3B APPLICATION – SAMPLE LETTER

(THIS IS A MANDATORY TEMPLATE CONTAINING ALL REQUIRED INFORMATION)

MADE-UP UNIVERSITY
School of Diagnostic Medical Sonography
123 Main Street
Any City, Any State
888-555-1212

This letter must be on school letterhead and include the above information.

[Insert Current Date]

American Registry for Diagnostic Medical Sonography (ARDMS)
1401 Rockville Pike
Suite 600
Rockville, MD 20852-1402

Graduate Prerequisite 3B Application Letter

This is to verify that [insert full name of student] has completed the didactic and clinical requirements in the [insert – full time or part time] [insert length of program – example 36 months] [insert all program types that apply – diagnostic medical sonography/diagnostic cardiac sonography/vascular technology] Bachelor's degree program at [insert name of school] between [insert dates student attended – example May 1, 2008 through May 1, 2011].

In the event of an ARDMS audit, each student's file verifying these requirements will be maintained by program official for a minimum of three years.

The student will also submit with this **original** letter and their application the following required documentation: either an official school transcript or copy of their Bachelor's degree, an original current, completed clinical verification form for each applied-for specialty area and a photocopy of a non-expired government issued photo identification with signature. If you have any questions regarding this applicant, please contact me at [insert phone number and extension, if applicable]. Thank you.

Sincerely,

[Insert original signature]

[Insert first and last name with any credentials and credential numbers]

[Insert title – example Program Director]

[Insert email address]